

ABI-MFP Participant Handbook



MassHealth

A Guide for Individuals Receiving Services
through the *Acquired Brain Injury* or the
Moving Forward Plan MassHealth Waiver Programs

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Introduction

We all value the opportunity to live in the community and share in the benefits of full community membership. Living in the community gives people the opportunity to take part in the many activities available in a city or town, and allows people to create and maintain important relationships with family and friends.



As a MassHealth Waiver participant, certain services and supports are available to you as part of your community living experience. The two Acquired Brain Injury MassHealth Waiver programs and two Moving Forward Plan MassHealth Waiver programs offer these services and supports.

This handbook is intended to help you understand what services and supports are available through these four MassHealth Waiver programs and the rights that you have as a participant in these programs. These rights apply to everyone, regardless of whether they do or do not have a disability or brain injury.

We list these rights here because it is important that you know what they are. If you understand your rights, you'll be more able to make sure these rights are observed and enforced.

Along with your rights come certain responsibilities. This handbook discusses

- ▶ Your rights and responsibilities
- ▶ The processes in place to support and serve you, and
- ▶ How to address potential issues you may face.

We recommend that you read this as a guide to the MassHealth Waiver programs alongside any other materials about the programs. Keep this handbook handy so you can refer to it as you transition into the community, and use it as a reference tool once you are living in the community.

Important Note: This handbook is for informational purposes only.



I

I. Participant Rights

A. Human Rights and Safeguards

As a person receiving services from an Acquired Brain Injury or Moving Forward Plan Waiver program, you have certain rights that must be protected and affirmed. You also have some responsibilities related to receiving services in these programs. Information about your rights and responsibilities follows.



1. General Principles

Your Rights

The Acquired Brain Injury and Moving Forward Plan Waiver programs provide services that

- ▶ Promote dignity
- ▶ Are provided with respect for you as an individual
- ▶ Are chosen by you (under the program you are qualified for)
- ▶ Allow you to live in the least restrictive and most inclusive setting possible
- ▶ Give you real-life experiences in the community
- ▶ Give you the opportunity to take part in activities that every person should be able to take part in
- ▶ Give you privacy, including the chance to be provided private living, sleeping, and personal care spaces
- ▶ Give you the opportunity to make meaningful life choices and decisions
- ▶ Protect you from neglect, harm, and any abuse (verbal, physical, and emotional), or actions that make you feel unsafe
- ▶ Support your right to access a telephone and other devices to communicate with others
- ▶ Support your right to send and receive letters and packages. If a provider holds a key to your mailbox, there should be an agreement about when this key can be used.
- ▶ Support your right to have visitors, unless you, your team, and guardian agree that a visitor or family should not come

- ▶ Support your right not to have your picture taken or your name released unless you or your guardian say that it is okay
- ▶ Support your right to have food. This includes choosing the food you want to eat, deciding where and when to eat, and choosing with whom to share meals. If there are restrictions for medical or other reasons on when and what you can eat or drink, these should be agreed to by you and included in your Individual Service Plan (ISP). When you make these choices, provider staff may remind you of the reasons why other options may enhance your health and well-being.
- ▶ Support your right to enjoy basic goods and services from your providers, such as your own possessions, a place to keep them, clothes, social contact, and recreation
- ▶ Support your right to access health care
 - ▶ Seeing a healthcare provider when you don't feel well
 - ▶ Seeing a healthcare provider for wellness checks
 - ▶ Accessing allied health services including physical therapy, occupational therapy, speech therapy, and others
- ▶ Support your right to take part in community activities
- ▶ Support your right to privacy, which includes
 - ▶ Having people you are comfortable with helping you with personal care, like going to the bathroom or changing clothes
 - ▶ Having privacy in your own room
 - ▶ Having privacy when visiting with family and friends
 - ▶ Being able to be alone. Any limits to this right must be a part of your Individual Service Plan (ISP).
- ▶ Support your right to say "no" to any service.

Any limits to the rights mentioned above should be discussed with you and written into your ISP.

You have a right to be free from any form of abuse, neglect, or mistreatment, including

- ▶ Insulting or derogatory behavior
- ▶ Name calling
- ▶ Actions or verbal statements meant to damage your self-respect
- ▶ Encouragement of mistreatment by others
- ▶ Moving you to a different program or threats to move you to a different program that is intended as punishment
- ▶ Ending any of your services or threatening to end any of your services if this is intended as punishment, and



- ▶ Any retaliation against you if you report alleged provider misconduct or violation of regulations.

Your Responsibilities

You also have some responsibilities. As a person who receives services in an Acquired Brain Injury or Moving Forward Plan Waiver program, you are expected to

- ▶ Participate in the planning of your services
- ▶ Follow the plans that you agree to
- ▶ Respect the rights of those people living with you, including
 - ▶ Respecting other people's possessions
 - ▶ Respecting other people's privacy
 - ▶ Working through household issues with people living with you, such as visitors, noise, and chores
- ▶ Assist with setting up and maintaining waiver eligibility, and
- ▶ Make room and board payments or pay rent on time to maintain your community residency.

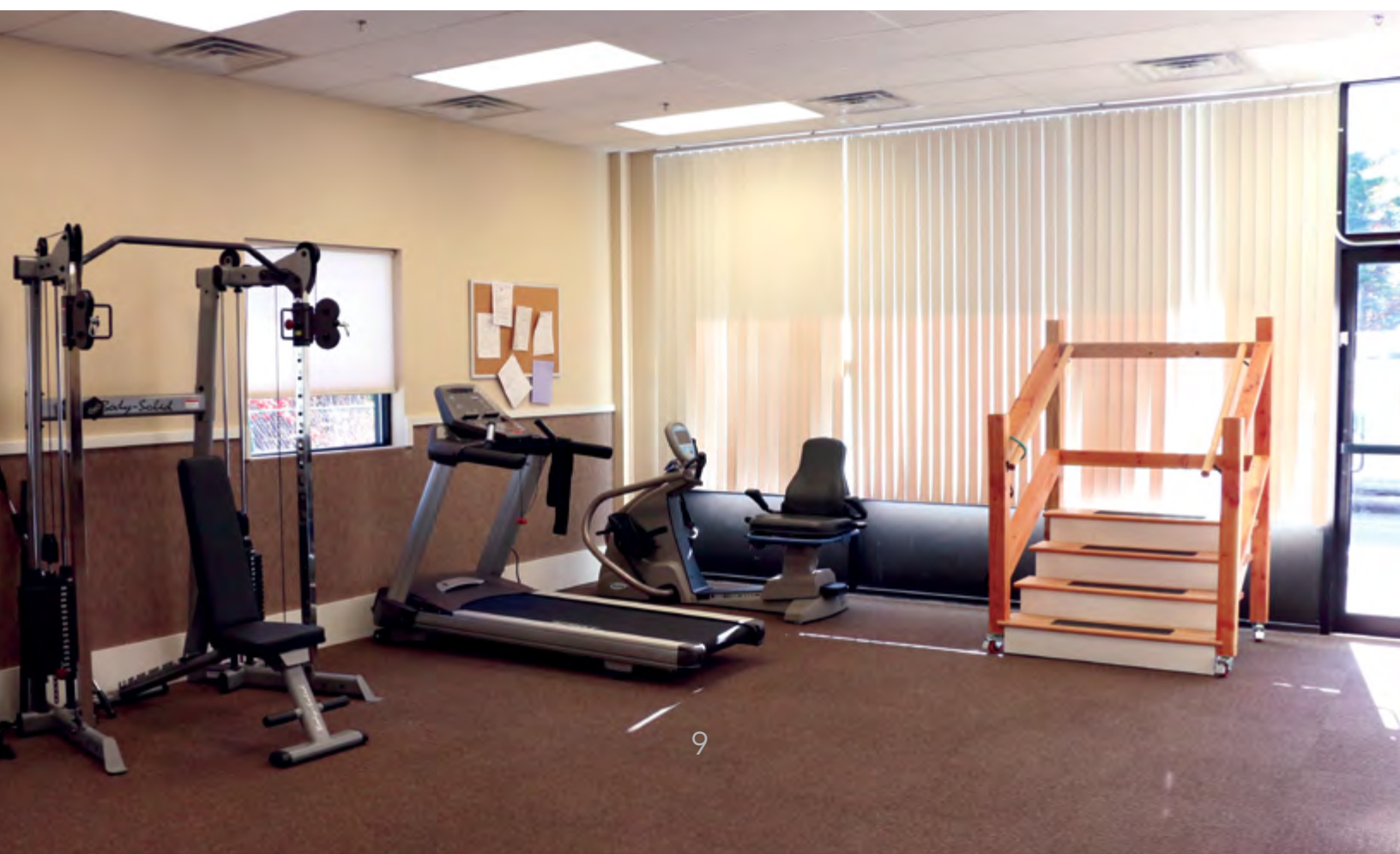
2. Informed Consent

You, your guardian, or your legal representative may need to agree in writing to certain supports, services, and referrals. This is known as “informed consent.” This protects you by making sure that you know what the support or service is, and what it means for you.

For example, you or your guardian will be asked to give consent before receiving medical or other treatment, before beginning a Positive Behavior Support Plan, and before release of your personal information.

When your informed consent is needed, you must be given information about the thing you are asked to give informed consent about. The information must be given to you in a way that is understandable and must include

- ▶ What will happen if you agree and an explanation of the intended outcome





- ▶ An explanation of any procedures involved in the proposed treatment or activity
- ▶ The risks and benefits if you agree, and the risks if you choose not to agree
- ▶ Other options to pursue if you do not agree
- ▶ Affirmation that you may decide not to agree at any time and you will not be punished, and
- ▶ Affirmation that you can ask any questions you have about that topic.

Informed consent must be obtained from you in the following ways.

- ▶ The consent will be in writing and placed in your record.
- ▶ The written consent will be dated and will last for the period of time as presented on the consent form.

B. Person-Centered Planning and the Plan of Care

You will be involved in a person-centered planning process to help determine what services and supports will help you move from a facility to the community, and what services and supports you will continue to receive when you move into the community.

1. Person-Centered Planning Process

Principles of Person-Centered Planning

The person-centered planning process has certain guiding principles. The process

- ▶ Includes you and people you choose
- ▶ Provides information and support to make sure that you direct the process to the fullest extent possible, and are supported to make informed choices and decisions
- ▶ Occurs at least annually, with quarterly reviews, at times and locations convenient for you
- ▶ Reflects the things that are important to you, your family, and community
- ▶ Provides information in plain language and in a manner that you understand, including the use of interpreters

- ▶ Includes strategies for solving conflict or disagreement within the process and clear conflict-of-interest guidelines for everyone
- ▶ Offers you choices and information about your possible choices about the services and supports you receive, and from whom
- ▶ Includes information about how you can ask for updates to the plan as needed, and



- ▶ Records the different home- and community-based settings that you discuss with your service coordinator or case manager.

The Person-Centered Planning Process

The person-centered planning process occurs in three parts.

- ▶ Transition Plan
- ▶ Individual Service Plan, and
- ▶ Plan of Care.

Transition Plan

For the Transition Plan, you (and other people you may want involved, such as your guardian, legally authorized representative, family members, or others) begin to discuss the services and supports you may want or need in the community. The Transition Plan is for planning purposes and is completed over one or more meetings, often long before you are discharged from the facility.

Individual Service Plan

Your Service Coordinator or Case Manager works with you to develop an Individual Service Plan (ISP). In your ISP, you will set goals for living in the community and determine what supports you need to meet your goals.

When creating the ISP, you will be able to explore all aspects of community life, including the risks facing you and ways to lessen those risks, as well as making choices about how to manage service and support needs. The ISP is usually developed before you leave the facility. Service providers may be involved in developing the ISP.

Plan of Care

A Plan of Care is established after the ISP is created. The Plan of Care lists your Waiver program services, as well as other MassHealth services and informal supports. You and your Service Coordinator or Case Manager work together to develop short-term objectives and determine related services to help you achieve the goals set in the ISP process.

If there is more than one provider that can provide a service, you are involved in choosing the provider you want from available Waiver providers and determining the schedule for the services you choose.

2. Requirements for the Person-Centered Plan

The ISP and Plan of Care should reflect the residential settings, services, and goals you choose. Clinical assessments may be used to clarify service and support needs. Plans to minimize risk are included in these documents when risk factors are identified as part of the person-centered planning process. The person-centered plan must

- ▶ Reflect that you choose the setting you reside in, and that the setting must be integrated into the community. The setting must support full access to the greater community, and include opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and access and receive the same services in the community as individuals who do not receive community-based Waiver program services.
- ▶ Reflect your strengths and preferences
- ▶ Reflect clinical and support needs as identified through assessments
- ▶ Include individually identified goals and desired outcomes

- ▶ Reflect the services and supports (paid and unpaid) that will help you achieve the goals you identified in the ISP and Plan of Care, and the providers of those services and supports, including natural supports

“Natural Supports” are unpaid supports that are provided voluntarily to the individual.

- ▶ Reflect risk factors and ways to minimize them, and include individualized back-up plans and strategies when needed





- ▶ Document that any restriction of your rights (including privacy and freedom to control your own schedule, activities, access to food, and visitors) in provider-owned or controlled settings is supported by a specific assessed need, discussed with you, and justified in the Plan of Care.
- ▶ Document if positive interventions and supports were used prior to any plan modifications; if less intrusive methods of meeting the need were documented; and if the plan includes a description of the condition that is directly proportional to the assessed need. The plan must include data to support the ongoing effectiveness of the intervention, time limits for periodic reviews, informed individual consent, and assurance that the intervention will not cause you harm.
- ▶ Be clear to you and the important individuals supporting you. The Plan of Care must be written in plain language and in a manner that is accessible to you.
- ▶ Identify who is responsible for monitoring the plan
- ▶ Be signed by you. The plan must have your consent, or consent from your guardian or other legally authorized representative. The consent must be in writing and signed by you (or your guardian or other legally authorized representative) to be effective. The plan must also be signed by the providers responsible for its implementation.
- ▶ Be distributed to you and other people involved in the plan
- ▶ Not allow the provision of unnecessary or inappropriate services and supports, and
- ▶ Include services that you choose to self-direct if you are participating in one of the Moving Forward Plan Waiver programs.

"Self-direct" – To self-direct a service means that you are able to recruit, hire, schedule, train, and if necessary fire your direct care worker. These employer-related tasks are described in the Waiver Participant Agreement.

3. Modification to the Person-Centered Plan

You will review your Individual Service Plan (ISP) with your Service Coordinator or Case Manager to make sure that the ISP accurately reflects your goals, needs, and supports to attain your goals.

This review will occur once every year and at any time there is a need to make a change. A change in services may result from



a change to your goals or support needs, or may be due to your experiences in the community or any completed clinical assessments.

You or your legal representative review and sign the document when the Plan of Care is developed and any time that a modification to the plan is made. A signed Plan of Care allows services to be provided. Any time your Plan of Care is finalized, updated, or modified, you will get information about the MassHealth appeal process, including the form to request a MassHealth fair hearing.

You can discuss your wishes and needs for services and supports with the Service Coordinator or Case Manager at any time.





4. Appeals

You can appeal a decision, action, or inaction about your ISP or your Plan of Care.

What You Can Appeal

There are a number of actions or inactions you can appeal. For example, if your Service Coordinator or Case Manager does any of the following:

- ▶ Denies your service request
- ▶ Does not act on your service request within 30 days of receiving it
- ▶ Prevents you from selecting an available provider of your choice to provide services
- ▶ Reduces the services that are within your Plan of Care
- ▶ Modifies the services that are within your Plan of Care
- ▶ Suspends the services that are within your Plan of Care, or
- ▶ Terminates the services that are within your Plan of Care.

This is a partial list—there are other reasons you can appeal. For a full list, see the fair hearing rules at 130 CMR 610.032: Grounds for Appeal, as well as 130 CMR 630.409(C): Notice of Denial or Modification and Right of Appeal.

The Notice of Action and Appeal Rights

If you are already enrolled in the Waiver program and your Service Coordinator or Case Manager makes a decision about your services, your Service Coordinator or Case Manager will provide an explanation of why the action is being taken and what to do if you disagree with the decision or Plan of Care.

Along with the explanation, there will be a Notice of Action that explains the reason for the action and a form that describes the appeal process and provides instructions on how to appeal. The Notice of Action provides information about your rights to appeal an action or inaction that you do not agree with. If you do not understand the notice or your rights to appeal, ask your Service Coordinator or Case Manager for assistance.

The Fair Hearing Process

Your appeal rights allow for a fair hearing, which is a review of any appealable action that is not in your favor. To obtain a fair hearing you must request a fair hearing within the time period described in the Notice of Action. The fair hearing can be face-to-face or by telephone and is run by an impartial hearing officer who examines all the facts and law to determine if the appealable action or inaction was correct. If your appeal involves a reduction, suspension, termination, or restriction of services, those services will continue until the hearing officer makes a decision on your appeal.

Once a fair hearing is complete, a written decision will be sent to you. The fair hearing may result in the action being reversed in your favor so that your claim or request will be approved, or may result in the action being upheld and your claim or request may still be denied.

Further Appeals

You can still appeal further if your claim or request is denied at the fair hearing. This further appeal right provides you access to court where the fair hearing decision will be reviewed by a judge. This appeal process is sometimes called a "Chapter 30A appeal," named after Massachusetts General Law Chapter 30A.

C. Complaint, Incident, and Investigation Processes

Everyone who supports you wants to ensure that you are satisfied with your services, but there may be times when you want to file a complaint. Hopefully you can resolve any complaint by having a conversation with people who can help you arrive at a satisfactory conclusion. If that is not possible, there are different ways you can voice your concerns, including the formal investigation process.

1. Complaint Process

You have the right to file a complaint about any aspect of your Waiver program or services. You, a family member, a guardian, or a legal representative can file a complaint.

The complaint process depends on the type of concern you have. The following information describes the processes for filing a complaint in various situations.

Complaints about Your Service Providers

You have a right to choose an available provider for the services outlined in your ISP. If you have a concern about a service provider or any aspect of the services you receive from the provider, you should file the complaint with the service provider. Every service provider must maintain a formal complaint process.

Before you file a formal complaint with the provider, you and your provider can try to discuss your concerns and find a resolution. If you decide to file a formal complaint, the provider must review and give you a written response within 30 days.

If you want help from the Massachusetts Rehabilitation Commission (MRC) to resolve a complaint, you can ask your Case Manager or anyone else who works for MRC for help.

If you want help from the Massachusetts Department of Developmental Services (DDS), your Service Coordinator or anyone else who works for DDS will help you.

Complaints about MRC or DDS or Agency Staff

If you have a complaint about MRC staff, you can speak with your Case Manager or ask your Case Manager to help you contact his or her supervisor. You can also call (617) 204-3747. Call this number directly if you have a complaint about your Case Manager.

If you have a complaint about DDS staff, you can speak with your Service Coordinator or ask your Service Coordinator to help you contact his or her supervisor. You can also call (617) 624-7820. Call this number directly if you have a complaint about your Service Coordinator.

If you are unhappy with your Case Manager or Service Coordinator, you may have the opportunity to select a new Case Manager or Service Coordinator.

Complaints about Your Services

You develop an ISP as a Waiver participant. See the ISP section of this handbook for more information. The ISP sets out your vision and goals for your community living experiences. To reach your goals, you and your ISP team will decide on the services you will need and what MassHealth will pay for under your Waiver program.

If you have a concern about any part of your ISP or your services, you may be able to resolve these by discussing with your Service Coordinator or Case Manager.

If the discussion with your Service Coordinator or Case Manager is unsuccessful and you have an unresolved concern or complaint about your services, or the development of your ISP, you may request that your complaint be heard by one of the officials in the state agency that operates your Waiver.

Both DDS and MRC have a complaint process, called an Informal Conference, which can provide you with an opportunity to have a meeting about your concern or complaint.

Issues that you can bring to the meeting include:

- ▶ Whether an assessment was sufficient for development of your ISP
- ▶ Whether the goals in your ISP promote the outcomes in your ISP
- ▶ Whether the types of services and supports identified in your ISP are the least restrictive and are appropriate to meet the goals in your ISP
- ▶ Any modification to the requirements of your ISP based on assessed need
- ▶ Whether your ISP team's recommendation of your ability to make personal and financial decisions is consistent with available evidence
- ▶ Whether your ISP was properly developed, reviewed, or modified, and
- ▶ Whether your ISP is being implemented.

If you are a participant in the Acquired Brain Injury–Residential Habilitation (ABI-RH) or Moving Forward Plan–Residential Supports (MFP-RS) Waiver, you must contact, in writing, the DDS Regional Program Coordinator to request an Informal Conference with DDS. You can ask your Service Coordinator for assistance with the address for the letter.

If you are a participant in the Acquired Brain Injury–Non-residential Habilitation (ABI-N) or Moving Forward Plan–Community Living (MFP-CL) Waiver, you must contact, in writing, the MRC Regional Waiver Supervisor to request an Informal Conference with MRC. You can ask your Case Manager for assistance with the address for the letter.

The Informal Conference complaint process is often an effective way to resolve issues simply and efficiently. This process, though, is not the same thing as a formal appeal.

If you are denied for a particular service that you want, or the service you want is changed or stopped, you can request a formal appeal by filing a Fair Hearing Request Form with MassHealth. You do not need to have completed a complaint process before requesting a formal appeal. See the Appeals section of this handbook for more information.

Before you file a fair hearing appeal, you can talk to your Service Coordinator or Case Manager about your concerns and whether other service options are available to reach your goals.

You should talk with your Service Coordinator or Case Manager if you have any other concerns about your ISP.

Complaints about Abuse, Neglect, and Mistreatment

You have the right to be free from abuse or neglect. If you want to report a case of suspected abuse or mistreatment by a caregiver, you should immediately file the report with the Disabled Persons Protection Commission (DPPC) at (800) 426-9009. Suspected abuse or neglect for individuals over the age of 60 should be reported to the Elder Abuse Hotline at (800) 922-2275.

You can contact a trusted person before making a formal complaint, but you should know that if you talk with a service provider, they may be mandated to report the information you have shared even if you do not wish for them to make a report. See the Investigations section of this handbook for more information.

You have the right to report information anonymously.

The DPPC or Elder Protective Services will decide if the report meets the criteria for investigation. DPPC reviews the information you provide and decides whether it will keep the case for

investigation or assign it to MRC, DDS, or the Executive Office of Elder Affairs (EOEA) for investigation.

There is a chance that a State Police Trooper assigned to the DPPC to review reports will act based on your report.

If you are at risk or in danger, the service provider must take immediate action to protect you. Examples of this include

- ▶ Using a different way of going to and from activities if it appears that your transportation provider may have placed you at risk,
- ▶ Developing alternative daytime activities if it appears that your day program provider cannot ensure that you will be free from abuse or neglect, and
- ▶ Temporarily removing an employee of the provider who is suspected of abuse or neglect until an investigation is completed.

2. Incident Reporting

Incidents sometimes happen while you are receiving Waiver services. When these types of things happen, it is important to DDS, MRC, and your providers that the incidents are identified and reported, and that appropriate action is taken.

Incidents could be an emergency room visit, something that another person does to you, or even something that you may do.

When an incident is reported, DDS or MRC reviews what happened and may ask the provider for more information. DDS or MRC will review the incident report to make sure the provider has taken the appropriate action to keep the incident from happening again. DDS or MRC can also look at reports over time to see if there is a pattern to the incidents that should be fixed, so that you and your team can work things out together and ensure that you will be safe.

3. Investigations of Abuse, Neglect, and Mistreatment

You have the right to be free from abuse or neglect. Abuse or neglect includes physical abuse, psychological abuse, sexual abuse, financial exploitation, and other actions or inactions such as neglecting to provide you with the supports or supervision that you need. Any suspected abuse or neglect must be reported and may result in an investigation.

Any suspected abuse or neglect by a caretaker must be reported to DPPC for people from 18 to 59 years of age. For people 60 years of age and older, suspected abuse or neglect must be reported to both DPPC and EOEA. DPPC is the independent state agency responsible for screening and investigating, or referring for investigation, all allegations of abuse or neglect for individuals with disabilities from 18 to 59 years of age.

Staff must send reports to DPPC if they believe that you or others may have been abused or neglected, even if you do not want the staff to make a report.

Individuals or agencies who provide support to you are required to report abuse or neglect to DPPC if they have reason to believe that you have been abused or neglected. You or a family member can report to DPPC if you feel you have been abused or neglected.

When you report abuse or neglect directly to DPPC, you can submit a request to DPPC to receive information about the status of your complaint. But note that if you made the complaint anonymously, DPPC will not be able to give you information about the status of your complaint.

Providers and staff must verbally report any instances of abuse or neglect immediately and document the incident in writing within two days. Providers are not expected to investigate.

DDS, MRC, DPPC, EOEa, or a combination of those agencies actually performs the investigations. Staff must cooperate fully with DPPC or any other investigators from DDS, MRC, or EOEa. Sometimes the police may need to be involved.

You and your guardian or legally authorized representative will be informed of what the provider must do to report instances of abuse and neglect. There may be limits to what is confidential between you and the provider because of this obligation.

You and your guardian or legally authorized representative should receive a flyer or brochure with the phone numbers to DPPC and the Elder Abuse Hotline. These numbers must be posted in the common areas of any provider-owned or controlled house.



II. Service Definitions

The following program services definitions apply to some or all of the Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waivers.

Participants in the MFP Waiver programs may self-direct certain Waiver services. Self-direction allows you to choose who provides your services, set your provider's schedule, and decide what tasks your provider performs. If you choose this option, you become the employer of the direct care worker. Services that are able to be self-directed are noted in the definition

For services that are not self-directed, you will receive care through an agency model. In an agency model, the agency chooses the person who will provide your services and sets his or her schedule. The agency will be considered the employer of the provider. The services below are provided through an agency model unless you receive a service that can be self-directed and you choose to self-direct.

The services discussed in this section are those offered under the following Home- and Community-based Services Waiver programs:

- ▶ Acquired Brain Injury–Non-residential Habilitation: ABI-N
- ▶ Acquired Brain Injury–Residential Habilitation: ABI-RH
- ▶ Moving Forward Plan–Community Living: MFP-CL
- ▶ Moving Forward Plan–Residential Supports: MFP-RS

For additional information about the services provided under these Waivers, see the program regulation at 130 CMR 630.000: Home- and Community-based Services Waiver Services.

The following service descriptions are for services available in these Waivers. Waiver services are offered in addition to the services provided under any other MassHealth programs for which you may be eligible. Waiver services cannot duplicate other MassHealth services.

A. Independent Living Supports

Services that help you (and in some cases, your family) to adjust to your return to the community, and help you continue to grow in independence.

Adult Companion*

✓ ABI-N ✓ MFP-CL

Includes support, supervision, and socialization. Companions may help you with your daily activities, such as meal preparation, shopping, and being involved in your community. Certain limits apply to this service. You can ask your Case Manager for more information about service limits.

Individual Support and Community Habilitation *

✓ ABI-N ✓ MFP-CL ✓ MFP-RS

Skills training that can help you remain in your home.

It includes learning or improving the skills you need to live as independently as possible, such as getting around the community, using public transportation, or balancing your checkbook. Certain limits apply to this service. You can ask your Case Manager or Service Coordinator for more information about service limits.

Peer Support*

✓ MFP-CL ✓ MFP-RS

Peer Support matches you with individuals who have lived experience and can help you adapt to the community. This is not counseling. This service is limited to 16 hours per week.

**Service may be self-directed in MFP waivers*

B. Where You Live

Services vary depending on the type of place you may live. All services described in this section exclude room and board costs.

Residential Habilitation

✓ ABI-RH ✓ MFP-RS

Services and supports provided in a provider-operated group home setting that assist individual residents with activities of daily living, medication, meal preparation, and to acquire, maintain, or improve skills necessary to live in the community. Supports include personal care, protective oversight and supervision, and skills training. The setting includes 24-hour staffing and must be accessible for residents.

Assisted Living Services

✓ ABI-RH ✓ MFP-RS

Assisted Living includes personal care and supportive services provided to participants who reside in an assisted living residence. Services provided include homemaking, chore, personal care, meals, and other supports. Services do not include 24-hour skilled care.

Shared Living—24-hour Supports

✓ ABI-RH ✓ MFP-RS

This service matches a participant with a caregiver who offers support, personal care, daily structure, and supervision. Shared Living integrates the participant into the usual activities of the caregiver's family life. The caregiver may not be a legally responsible family member. Shared Living may be provided to no more than two participants in a single home.

Shared Home Supports

✓ MFP-CL

This service matches a participant with a caregiver who lives with the participant at the residence of either the caregiver or participant. The caregiver may not be a legally responsible family member. No more than two participants may reside in a single home.

Independent Living Supports

✓ MFP-CL

These supports are provided in a multi-tenant building. Supports are available for participants who do not require 24-hour supervision. Services available include homemaking and personal care, as well as support and companionship. This service does not include hands-on nursing care.



C. Community Connectors

Services that help you to engage in the community.

Community-Based Day Supports (CBDS)

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Services including a range of daytime activities to promote personal, social interactions and community engagement. Community-Based Day Supports may include exploring careers, developing independent living skills, pursuing personal interests and hobbies, and other experiences to support your full participation in community life. This service is provided in a small group.

Certain limits apply to this service. You can ask your Case Manager or Service Coordinator for more information about service limits.

Community Support and Navigation (CSN)

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Community Support and Navigation is an outreach and support service for participants who need support to access behavioral health and other medical services. CSN is a flexible, mobile service that fits your individual needs. It may include developing plans and strategies to support your recovery and wellness, helping you connect with behavioral health and other health care services, finding peer support, and help developing your self-advocacy skills so you can participate fully in your treatment and service planning. CSN is not a clinical treatment service.



Day Services

✓ ABI-RH ✓ MFP-RS ✓ ABI-RH ✓ MFP-RS

Services consist of structured day activity, typically for individuals who are not ready, or do not prefer, to join the workforce. Day Services often include support to learn or improve daily living and functional skills and other skills training and activities to be more fully involved in the community and promote greater independence.

Certain limits apply to this service. You can ask your Case Manager or Service Coordinator for more information about service limits.

Prevocational Services

✓ MFP-CL ✓ MFP-RS

Services provide a range of generalized learning and experiential activities that prepare a participant for paid or unpaid employment in an integrated, community setting. Prevocational Services may be provided one-to-one or in a group. This service may be provided as a site-based service.

Certain limits apply to this service. You can ask your Case Manager or Service Coordinator for more information about service limits.

Supported Employment

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Supported Employment services provide support to allow participants to obtain competitive employment at or above the minimum wage. This service also provides supports for participants as they function in a regular work setting, and may include assisting the participant to find or develop a job.

Certain limits apply to this service. You can ask your Case Manager or Service Coordinator for more information about service limits.



Transportation

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Transportation services are offered to enable participants to get to services, activities, and resources when other transportation is not available. When possible, the participant should use family, neighbors, friends, or community agencies that can provide transportation without charge.

D. Help Around the Home

Services to help you care for your home.

Homemaker Services*

✓ ABI-N ✓ MFP-CL

Services consist of the performance of general household tasks such as meal preparation, laundry, grocery shopping, and light housekeeping.

Certain limits apply to this service. You can ask your Case Manager for more information about service limits.

Chore Services*

✓ ABI-N ✓ MFP-CL

Chore Services are occasional heavy household chores that are needed to keep the home clean and safe, such as washing windows, floors, and walls, moving heavy items of furniture, and shoveling snow to provide safe access and egress.

**Service may be self-directed in MFP waivers*



E. Personal Care

Services that help you with certain activities such as bathing, dressing, and toileting.

Personal Care Services*

✓ ABI-N ✓ MFP-CL

This service provides assistance with performing hands-on tasks or cuing and supervision for certain tasks such as bathing, dressing, personal hygiene, light personal housekeeping, meal preparation, and other activities of daily living.

Certain limits apply to this service. You can ask your Case Manager for more information about service limits.

Home Health Aide

✓ MFP-CL

Home Health Aides have a higher level of training and provide hands-on care and additional assistance with personal care functions.

Certain limits apply to this service. You can ask your Case Manager for more information about service limits.

Supportive Home Care Aide

✓ MFP-CL

This service provides personal care and homemaking services as well as emotional support and socialization to participants with Alzheimer's disease or dementia or other behavioral health needs.

Certain limits apply to this service. You can ask your Case Manager for more information about service limits.

**Service may be self-directed in MFP Waivers*

F. Therapy and Nursing

Services from professionals that support you in increasing your abilities and autonomy.

Occupational Therapy

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Occupational Therapy services include those provided by a licensed occupational therapist and designed to improve quality of life by developing or recovering competence, preventing further injury or disability, and improving the individual's ability to perform tasks required for independent functioning. Services may also include training and oversight for the participant, family member or other person, to carry out a maintenance program.

This service is limited to one individual treatment and one group therapy session per day.

Physical Therapy

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Services include those performed by a licensed physical therapist that are necessary to develop functions or skills or to address a loss, impairment, or reduction of physical function as a result of an acute or chronic medical condition, congenital anomaly, or injury. Services may include training and oversight necessary for the participant, family member, or other person, to carry out a maintenance program.

This service is limited to one individual treatment and one group therapy session per day.

Speech Therapy

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Speech Therapy services must be provided by a licensed speech therapist. Services must be considered by the therapist to be



necessary for the participant either to improve, develop, maintain, correct, or rehabilitate speech or language communication or improve swallowing disorders.

Services may also include training and oversight for the participant, family member or other person, to carry out a maintenance program.

This service is limited to one individual treatment and one group therapy session per day.

Skilled Nursing

✓ MFP-CL ✓ MFP-RS

Skilled Nursing services are provided by a registered nurse or a licensed practical nurse and may be provided to a participant who is in need of medication monitoring or education. This service can only be provided once per week, but exceptions may be granted on a temporary basis.

G. Family Support

Services to help support your family.

Community/Residential Family Training

✓ MFP-CL ✓ MFP-RS

Services provide training and instruction to participants and unpaid family caregivers about ways to help the participant succeed in the community. Services may include training in family leadership, support of self-advocacy, and independence.

Respite

✓ ABI-N ✓ MFP-CL

Services are provided on a short-term basis to replace absent caregivers or relieve informal caregivers from the daily demands of caring for a participant and to strengthen the informal support system.

H. Home and Vehicle Modifications and Accessibility Supports

Services that help to make living in your community a little easier.

Home Accessibility Adaptations

✓ ABI-N ✓ MFP-CL ✓ MFP-RS

These supports include those physical adaptations necessary to ensure the health, safety, and autonomy of the participant. Modifications may be made to the participant's home, a family home, or to a home available to the participant through shared home supports or shared living, and are provided in full compliance with local and state building codes.

This service has a lifetime limit of \$50,000 per participant.



Orientation and Mobility Services

✓ MFP-CL ✓ MFP-RS

These services help participants who have vision impairment or blindness learn about your new home and community, including moving independently in your home, traveling to and from your home, and learning about transportation services available to you. Services can also include support for your caregivers to learn about blindness and low vision and can provide information and resources for living with blindness and low vision in the community.

Specialized Medical Equipment

✓ ABI-N ✓ MFP-CL ✓ ABI-RH ✓ MFP-RS

Specialized Medical Equipment allows participants to obtain medical, medically related, and other tools that help them increase their independence.

Such equipment may be accessed as a waiver service to the extent it is not available as durable medical equipment through Medicare or State Plan MassHealth services. Examples might include a voice-activated computer, a special or extra wheelchair cushion, or extra supplies.

Vehicle Modification

✓ MFP-CL

Vehicle adaptations or alterations include those made to a car or van that is the participant's primary means of transportation. Modifications may include van lifts, tie downs, ramps, specialized seating, and safety restraints, and must be of direct medical or remedial benefit.

Costs for this service cannot exceed \$25,000 over a three-year period. Funds cannot be used to pay for a new vehicle or for routine vehicle maintenance, and modifications to a paid caregiver's vehicle or provider agency vehicle are excluded

I. Transitional Assistance

A service to assist you in transitioning to the community.

Transitional Assistance (TA) Services

✓ ABI-N ✓ ABI-RH ✓ MFP-CL ✓ MFP-RS

TA Services include assistance and one-time expenses to help you set up your household.

Assistance can include helping you find housing, including completing and submitting applications, as well as working with you to find and set up services, order the medical equipment that you'll need, and support you in arranging to move into the community.







Expenses may include security deposits, furnishings, set-up fees for utilities or service access, pest eradication, one-time cleaning prior to occupancy, moving expenses, and necessary accessibility adaptations. Expenses do not include room and board.

Transitional Assistance Services are limited to a specific period of time as you transition to the community. You can ask your Case Manager or Service Coordinator for more information.

III. Eligibility for Waiver Programs

To be a participant in one of these Waivers, you must be eligible for MassHealth and must meet certain additional requirements. The major types of additional requirements related to your eligibility for a Waiver are generally called “clinical eligibility” and “financial eligibility.” Clinical eligibility is determined by an assessment of your medical situation and needs. Financial eligibility is determined by accounting for your income and assets. More information about clinical and financial eligibility follows.

III



A. Clinical Eligibility

1. Initial Clinical Eligibility (for Waiver Applicants)

Applicants for these waivers must meet the following clinical eligibility requirements.



- ▶ Be a disabled adult or be age 65 or older
- ▶ Have been living in a facility at least 90 days
- ▶ Need one or more of the services or supports offered in the applicable Waiver program
- ▶ Be able to be safely served in the community in a qualified setting in which waiver services can be delivered, and
- ▶ Have an ABI that was sustained at age 22 or older (required for ABI Waivers only).

2. Continuing Clinical Eligibility (for Waiver Participants)

As a Waiver participant, you have already gone through an initial eligibility process. To remain in the program, you must continue to meet certain clinical criteria. This section provides information about ongoing clinical eligibility.

The following clinical eligibility criteria apply in each of the four Waiver programs: Acquired Brain Injury–Residential Habilitation; Acquired Brain Injury–Non-residential Habitation; Moving Forward Plan–Residential Supports; and Moving Forward Plan–Community Living.

- ▶ You must not live in a nursing facility or long-stay hospital (i.e., chronic disease, rehabilitation, or psychiatric hospital) but continue to require a nursing facility or hospital level of care
- ▶ You must continue to need one or more of the services or supports offered under the applicable Waiver program
- ▶ You must reside in a qualified setting in which Waiver services can be delivered, and
- ▶ You must continue to be able to be safely served in the community.

Continuing clinical eligibility assessments take place annually and as needed due to changes in your circumstances. It is important for you to provide information about changes in your circumstances. Changes that affect one or more of the clinical eligibility criteria may also affect your eligibility for the Waiver program.

For additional information on clinical eligibility, see the Waiver program regulation at 130 CMR 630.403: Eligible Members as well as the MassHealth regulation at 130 CMR 519.007(G): Home- and Community-based Services Waivers for Persons with Acquired Brain Injury and 130 CMR 519.007(H): Moving Forward Plan Home- and Community-based Services Waivers.

B. Financial Eligibility

1. Initial Financial Eligibility

The following financial eligibility criteria are applicable to each of the four Waiver programs: Acquired Brain Injury–Residential Habilitation; Acquired Brain Injury–Non-residential Habilitation; Moving Forward Plan–Residential Supports; Moving Forward Plan–Community Living.

- ▶ Income is less than or equal to 300% of the Supplemental Security Income (SSI) federal benefit rate (which is \$2,313 per month as of 2019), and
- ▶ Countable assets are valued less than or equal to \$2,000.
- ▶ Countable assets of your spouse (if applicable) are valued less than or equal to \$126,420, as of 2019.

These income and asset limits may change each year. Check with your Case Manager or Service Coordinator, or outreach staff from DDS or MRC, for updated information about income and asset limits, or if you have questions about financial eligibility or need assistance applying for MassHealth.

Your financial eligibility will be assessed both when you first apply, and before you discharge from the facility. This is to make sure that you are still financially eligible for the Waiver when you transition to the community.

2. Continuing Financial Eligibility

Continuing financial eligibility assessments take place annually. A form will be mailed to you asking questions about your finances to determine your continued eligibility for the program.

You should reply by the deadline indicated, include all requested documentation, and answer truthfully and to the best of your knowledge.

You should also report to MassHealth if any circumstances have changed, such as a change in income or assets.

Waiver participants whose income increases after they have already been enrolled in one of the Waiver programs may qualify for continued eligibility, even if their income goes over the limit. Talk to your Case Manager or Service Coordinator if your income changes.

Your assets, but not your spouse's assets, are part of continuing financial eligibility determinations.

If you have any questions about financial eligibility, talk to your Case Manager or Service Coordinator.

For additional information on financial eligibility, see the MassHealth regulation at 130 CMR 520.000: MassHealth Financial Eligibility as well as the MassHealth regulations at 130 CMR 519.007(G): Home- and Community-based Services Waivers for Persons with Acquired Brain Injury and 130 CMR 519.007(H): Moving Forward Plan Home- and Community-based Services Waivers.



C. Settings in Which Waiver Services Can Be Delivered

If you are a participant in the Acquired Brain Injury–Non-residential Habilitation (ABI-N) or Moving Forward Plan–Community Living (MFP-CL) Waiver program, you may be living in your own home or a home owned or leased by your family. A home could be a house, condominium, apartment, or other owned or leased residential building.

If you live in the community in a home or apartment that you or your family do not own, we strongly encourage you to arrange a written agreement with your landlord that gives you protection from being evicted without notice. Your Transition Coordinator will help you arrange this.

If you are a participant in the Acquired Brain Injury–Residential Habilitation (ABI-RH) or Moving Forward Plan–Residential Supports (MFP-RS) Waiver program, you would be living in a provider-operated setting or in a shared living setting. Here is a list of the types of provider-operated and shared living settings in the ABI-RH and MFP-RS waivers, and descriptions of these types of residential settings.

1. Assisted Living

Assisted Living settings, sometimes called Assisted Living Residences, vary in size, style, and number of residents. These residences might be large apartment-style settings serving more than 100 residents, or smaller family-style homes serving fewer than 10 residents. They might be affiliated with hospitals, nursing homes, religious organizations, or other entities, or they might be independent.

To qualify as a setting in which Waiver services can be delivered, Assisted Living settings cannot be attached to a nursing facility or

on its campus. They can also be operated for profit or by nonprofit organizations.

Some Assisted Living Residences might set aside some or all of the building for people who need specialized care, such as those for people with mental health issues, cognitive impairments, or other needs.

2. Group Home

Group homes are provider-operated settings but seek to maintain a home-like environment with kitchen, living room, and each resident in his or her own bedroom. Group homes are located in neighborhoods in cities and towns across Massachusetts.

Group homes typically have up to four residents. To qualify as a residential setting for the Acquired Brain Injury and Moving Forward Plan Waiver programs, a group home may not have more than five residents.

Group homes are staffed continuously to provide 24-hour support.

3. Shared Living

Shared Living settings are the homes of Shared Living caregivers or the home of the Waiver participant—either you live in the caregiver's home, or the caregiver lives in your home. This arrangement is overseen by a residential support agency.

Shared Living offers a setting for 24-hour support to participants who need daily structure and supervision.

IV. For Participants Living in Provider Group Homes and Shared Living Residences

A. Room and Board

All individuals in a residential program (Acquired Brain Injury—Residential Habilitation or Moving Forward Plan—Residential Supports) are required to contribute to their room and board costs. Regardless of the residential program you participate in, you must pay room and board on a monthly basis. Designated residential program staff are responsible for ensuring that you are aware of this room and board requirement.

Staff must also make sure you have managed your available money appropriately to be able to meet this requirement. If you do not make payments, your provider will work with you and your family to resolve the payment issue.



IV

1. Participants Living in Group Homes and Shared Living Settings Licensed by DDS

Individuals must contribute 75% of their monthly recurrent income unless a hardship exception or adjustment to the room and board applies. All individuals are entitled to at least \$200 per month for personal needs.

For an individual receiving recurrent payments and earned income, the monthly fee is 75% of recurrent payments plus an additional 50% of earned income that exceeds \$65 in the month.

Payments for room and board are paid directly to the provider organization.



Hardship Exception and Adjustment to Room and Board

If you have necessary expenses but the amount of money set aside for personal needs is not enough to pay all your expenses in a particular month, the monthly room and board may be reduced to allow you to pay for these expenses. You, your Service Coordinator or Case Manager, and team that helped develop the Individual Service Plan (ISP) or Plan of Care will discuss this together and a decision will be made by staff at the Department of Developmental Services (DDS). Necessary expenses may include, but are not limited to, alimony, child support, and medical expenses.

2. Participants Living in Assisted Living Residences

Participants living in Assisted Living Residences are responsible for paying their own room and board fees. Room and board fees are paid directly to the provider organization.

B. Residency Agreements

In provider-controlled residential settings, providers must establish an agreement with you that is similar to a residential lease. The provider must ensure that the agreement is in writing and that the agreement provides protections that address the eviction process and appeals, as well as other protections that tenants have under landlord and tenant laws in Massachusetts.

C. Positive Behavior Support Plans

You have the right to the supports you want and need to make sure you have the best possible quality of life. If you are living in a provider-controlled residential setting, at times, this may mean using Positive Behavior Support Plans to help you to improve your ability to be safe, healthy, and as independent as possible in that setting.

Positive Behavior Supports are based on understanding what you are communicating and using positive approaches with the goal of supporting you to improve your quality of life.

General requirements for a Positive Behavior Support Plan include the following.

- ▶ You, your guardian, or your legally authorized representative must give your informed consent if it is determined that a Positive Behavior Support Plan would be helpful. You have the right to withdraw your consent at any time. If you have a Positive Behavior Support Plan but you do not want it anymore, you can ask to withdraw your consent and you will not have it anymore.
- ▶ All Positive Behavior Support Plans must be in writing and must be clear about what the plan should achieve. There must also be an analysis of the behavior and a process for ensuring that the effects of the plan are evaluated.
- ▶ To protect your rights, Positive Behavior Support Plans may need to be reviewed by a human rights committee and a peer consultation.
- ▶ Positive Behavior Support Plans must not include a plan that deprives you of any of the following: adequate sleep, a nutritionally sound diet, enough bedding, access to the bathroom, and enough clothing.
- ▶ Positive Behavior Support Plans must also not include: physical or mechanical restraints, locked or closed-door seclusion, physical punishment, or verbal abuse.

Complaints about Your Positive Behavior Support Plan

If you want to voice a concern about your Positive Behavior Support Plan, you can do so in multiple ways.

- ▶ Contact a supervisor at the provider's office or other location to try to resolve the concern.
- ▶ Contact your Case Manager or Service Coordinator, who can arrange a meeting with the provider to discuss the restriction.
- ▶ Contact the human rights officer or human rights coordinator for the provider (the information should be posted by the provider).
- ▶ Contact the human rights committee of the service provider.
- ▶ Contact the DDS regional human rights specialist or the DDS Director of Human Rights.

D. Alcohol and Illegal Substance Policy

You have the right to independence to make life choices, including daily activities.

You and your team may decide together that alcohol may compromise your recovery. Your doctor may also advise you not to drink alcohol if it conflicts with prescribed medications.

Any restrictions on your access to alcohol must be supported by a specific assessed need and justified in the person-centered plan, and may need to be included in a Positive Behavior Support Plan, if applicable, as part of your ISP. To consider an individualized alcohol restriction, the provider must follow the steps for the person-centered planning process, set forth in this handbook.

While you may not have an individual restriction on alcohol use, your housemates may have a restriction. In that case, you may be asked

to consume alcohol away from others or keep this item stored and inaccessible to others with those restrictions.

If you have a past history or develop a problem with alcohol or other drug use, you may be provided with education about substance abuse and the potential consequences of continued substance abuse. Referral to appropriate support and therapeutic services may be facilitated by residential program staff.

E. Smoking Policy

Staff may not smoke in your home, and your bedroom must be smoke free. Smoking legal substances is permitted in designated areas provided that ashtrays made of noncombustible materials are in these designated areas.

You may be offered education each year about the addictive, carcinogenic, and other physically harmful consequences related to smoking cigarettes (including electronic cigarettes), cigars, and other tobacco products such as chewing tobacco.

For purposes of the Acquired Brain Injury and Moving Forward Plan Waiver programs, a “legal substance” does not include marijuana, whether or not it is approved for medicinal purposes.

If you wish to smoke, your capacity to safely do so with or without supports or supervision will be assessed. If staff supervision is required for safety, every effort will be made to accommodate your preferred smoking schedule without disruption to the program.

Any restrictions on your access to personal possessions (e.g., lighters) must be supported by a specific assessed need and justified in the person-centered plan.

V. Additional Resources

For more information about the Acquired Brain Injury Waivers and the Moving Forward Plan Waivers, including informational brochures and applications, follow the links below.

General Information about the ABI and MFP Waivers and for Applicable Regulations and Policies

www.mass.gov/acquired-brain-injury-abi-and-moving-forward-plan-mfp-waivers

Acquired Brain Injury Waivers

www.mass.gov/info-details/acquired-brain-injury-abi-waivers

Moving Forward Plan Waivers

www.mass.gov/info-details/moving-forward-plan-mfp-waivers



